

FORM CD-58 (REV. 4-94) LF DAO 205-10		U.S. DEPARTMENT OF COMMERCE		1. DATE OF REQUEST		2. FORM NO.		
REQUEST FOR NEW OR REVISED FORM				3. DATE REQUIRED		4. REQUISITION NO.		
				5. TITLE OR DESCRIPTION				
INSTRUCTIONS								
Complete all that apply in items 1-17. Submit original and one copy to the Department Forms Management Officer or designee, Room 6020. This form must accompany all requests for new or revised forms . One copy will be returned to the responsible office after the requested form has been approved and released to print.								
6. FORM IS <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other		7a. RELATED FORMS <i>(Important)</i> <hr/>		8a. NUMBER AND/OR TITLE OF PRESCRIBING DIRECTIVE <hr/>				
		7b. FORMS SUPERSEDED <hr/>		8b. OMB NUMBER AND EXPIRATION DATE <hr/>				
9. USAGE		a. FREQUENCY OF USE <input type="checkbox"/> Experimental <input type="checkbox"/> One-time <input type="checkbox"/> When required <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		b. POINT OF USAGE <input type="checkbox"/> Originating Office <input type="checkbox"/> Regional Office <input type="checkbox"/> Department-wide <input type="checkbox"/> Other <i>(Specify)</i> _____ <hr/>		c. HOW WILL DATA BE FILLED IN <i>(all or part)</i> <input type="checkbox"/> Typewriter <input type="checkbox"/> Hand <input type="checkbox"/> High speed impact printer <input type="checkbox"/> Desktop laser printer <input type="checkbox"/> Other <i>(Specify)</i> _____		d. NUMBER OF COPIES PREPARED AT ONE WRITING <hr/>
						e. ESTIMATED MONTHLY USAGE <hr/>		
						f. TOTAL NUMBER REQUIRED <hr/>		
10. MAILING		a. HOW ARE FORMS TO BE ADDRESSED <input type="checkbox"/> High speed impact printer <input type="checkbox"/> Typewriter <input type="checkbox"/> Cheshire label <input type="checkbox"/> Desktop laser printer <input type="checkbox"/> Other <i>(Specify)</i> _____				b. DESCRIPTION OF ENVELOPES TO BE USED <i>(Enter form numbers or attach sample(s))</i> <hr/>		
11. STOCKING AND DISPOSITION		a. WHERE FORMS WILL BE STOCKED <input type="checkbox"/> Responsible Division <input type="checkbox"/> On Demand <input type="checkbox"/> DOC Warehouse <input type="checkbox"/> Other <i>(Specify)</i> _____				b. DISPOSITION OF EXISTING STOCK <input type="checkbox"/> Use first <input type="checkbox"/> Destroy when new stock is available <input type="checkbox"/> Destroy immediately <input type="checkbox"/> Other		c. NUMBER OF FORMS ON HAND <hr/>
12. PURPOSE OF THIS FORM Provide a complete explanatory statement of the need for and the purpose to be served by: (a) the use of a new form; (b) the revisions to be made to an existing form; (c) the use of a temporary or one-time form; (d) the use of a reinstated form.		a. COMMENT HERE: <hr/>						
13. FILING INFORMATION <input type="checkbox"/> Mark if forms are to be pre-punched <i>(Send samples)</i>						14. DESIGN SPECIFICATIONS		
Copies <i>(Prepared simultaneously)</i> (a)	File Location <i>(Division, Branch, Unit, etc.)</i> (b)		Filing Sequence <i>(By Date, Name, Number, etc.)</i> (c)		a. SIZE OF FORM		b. INK COLOR	
				c. PAPER STOCK				
Original				d. OTHER SPECIFICATIONS				
1st Copy								
2nd Copy								
3rd Copy								
IMPORTANT: Item 15 (also item 16 when applicable) MUST BE a person knowledgeable regarding the form requested.								
15. PERSON TO CONTACT REGARDING SUBJECT MATTER				16. PERSON TO CONTACT REGARDING DATA PROCESSING REQUIREMENTS <i>(if any)</i>				
BUILDING	ROOM NO.	TELEPHONE NO.	BUILDING	ROOM NO.	TELEPHONE NO.			
17. APPROVALS (For release to print)								
a. DIVISION/OFFICE			DATE		b. FORMS MANAGEMENT		DATE COPY RELEASED	